

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS82AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2010
NAME OF PROVIDER OR SUPPLIER BEST CARE FACILITY 1		STREET ADDRESS, CITY, STATE, ZIP CODE 720 S NINTH STREET LAS VEGAS, NV 89101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28276</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 2/2/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 18 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness Category I residents. The census at the time of the survey was 16. Ten resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of D.</p> <p>Immediate Jeopardy was identified on 2/2/10 at 1:55 PM for TAG Y878 Administration of Medications. The the facility provided an acceptable plan for correction of the Immediate Jeopardy on 2/4/10.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 050 SS=I	<p>449.194(1) Administrator's Responsibilities-Oversight</p> <p>NAC 449.194 The administrator of a residential facility shall:</p>	Y 050		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 2 Based on record review on 2/2/10, the facility failed to ensure that 1 of 3 caregivers received eight hours of annual training (Employee #1). This was a repeat deficiency of the 2/18/09 State Licensure survey. Severity: 2 Scope: 2	Y 070		
Y 072 SS=E	449.196(3) Qualications of Caregiver-Med Training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 2/2/10, the facility failed to ensure that 1 of 2 caregivers had completed the required three hour medication management refresher training every three years	Y 072		

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Y 072	Continued From page 3 (Employee #2). Severity: 2 Scope: 2	Y 072		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 2/2/10, the facility failed to ensure 2 of 3 employees met background check requirements (Employee #1 and #2). This was a repeat deficiency from the 5/30/08 and 2/18/09 State Licensure surveys. Severity: 2 Scope: 3	Y 105		
Y 172 SS=F	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility.	Y 172		

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Y 172	Continued From page 4 This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 2/2/10, the facility failed to provide enough garbage cans, failed to ensure all outside garbage containers were provided with lids, failed to ensure garbage cans were kept reasonably clean and the facility allowed the garbage cans to overflow (garbage cans were overflowing with garbage and bags of garbage were observed piled on the patio outside Bedroom #7 and behind the facility). Severity: 2 Scope: 3	Y 172		
Y 174 SS=F	449.209(4)(a) Health and Sanitatio-Offensive odors NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 2/2/10, the facility failed to ensure the facility was free from offensive odors (there was a strong odor of smoke noted on entry to the facility). Severity: 2 Scope: 3	Y 174		
Y 176 SS=F	449.209(4)(c) Health and Sanitation-Insects, Rodents	Y 176		

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Y 176	Continued From page 5 NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 2/2/10, the administrator failed to keep the facility free from roaches (live roaches were observed crawling on the wall inside the two water heater closets, in the kitchen, and in the basement). This is a repeat deficiency from the 5/30/08 and 2/18/09 State Licensure surveys. Severity: 2 Scope: 3	Y 176		
Y 178 SS=I	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/2/10, the facility failed to ensure the premises were clean and well maintained.	Y 178		

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Y 178	<p>Continued From page 6</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Smoke detector in Bedroom #9 did not work. 2. Shower non-operational in Bathroom #4 - handles did not turn. 3. Duct Tape was observed covering a hole in the shower in the Bathroom near Bedroom #7. 4. Window pane broken in Bedroom #7 covered with a piece of cardboard 5. Window pane broken in Bedroom #5 covered with a piece of cardboard. 6. Hole in wall in Bedroom #5. 7. Blood stain on the comforter on a bed in Bedroom #7. 8. Bathroom #5 converted to a hot water heater #1/storage room full of residents clothes in plastic trash bags. The trash bags were placed around the hot water heater creating a fire hazard. 9. The closet that contained hot water heater #2 was used as a storage closet for resident clothes in plastic trash bags and cardboard boxes. A large cardboard box and the resident clothes in trash bags were placed around the hot water heater creating a fire hazard. 10. Two commercial refrigerators were plugged into a power strip instead of dedicated wall mounted power outlets. 11. Bathroom #2's hot and cold water supply was turned off at the sink. Toilet paper was also missing from this bathroom when the surveyors 	Y 178			

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Y 178	<p>Continued From page 7</p> <p>arrived.</p> <p>12. Bathroom #4 sink was supplied with cold water only.</p> <p>13. The bathroom interconnected to the caregiver's bedroom had a plastic bowl in the sink with stale water. Employee #2 stated the sink had a leaking drain pipe.</p> <p>14. Bedroom #3 had an extension cord draped across the entrance leading out into the hallway creating a tripping hazard.</p> <p>15. The exterior of the facility had several hundred cigarette butts on the ground, broken furniture, paper, cups, bottles, cans, a broken television, boxes full of waste, old mattresses, and piles of leaves. On the floor of the exterior shed housing the sprinkler riser, there was a large accumulation of old beer bottles, cans, cups, and other waste material. This accumulation made it difficult to service the facility's sprinkler system.</p> <p>16. The caregiver's bedroom had such a large accumulation of clothes piled throughout the room that it blocked fire egress from the room.</p> <p>17. The basement was used as an intermittent sleeping area for the caregiver's son and girlfriend. The entrance door to the basement was locked. The alternate exit door on the basement level had been blocked by a modification to the kitchen area on the main floor. This created a potential fire hazard by blocking the fire egress routes from this area of the facility.</p> <p>18. The mirror in Bathroom # 4 was missing.</p>	Y 178			

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Y 178	Continued From page 8 19. The closet doors in Bedroom #3 were off there tracks and left leaning against the wall. 20. Bathroom #1's light switch at the entrance to the bathroom was not working. The light had a short metal pull cord above the sink to turn it on and off. This created a potential hazard to the resident after dark to find the light switch and/or turn the light on with wet hands. Because of the numerous fire hazards found at the facility, the Fire Marshall was notified on 2/3/10 of the need to re-inspect this facility. This was a repeat deficiency from the 2/18/09 annual State Licensure survey. Severity: 3 Scope: 3	Y 178		
Y 180 SS=D	449.209(7) Health and Sanitation-Lighting NAC 449.209 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 2/2/10, the administrator failed to maintain necessary electrical lighting throughout the facility to ensure the safety of the residents. Findings include: The hallway near Bedroom #5, #6, #9 and #10	Y 180		

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Y 180	Continued From page 9 failed to have lighting. The facility had a hole in the ceiling near the washing machine where a former light fixture was located. This opening contained exposed wires. Bedroom #9 contained a light fixture over the bedroom door. The light fixture failed to have any bulbs. The facility provided one small floor light near the bed for the bedroom . This is a repeat deficiency from the 2/18/09 State Licensure Survey. Severity: 2 Scope: 3	Y 180		
Y 222 SS=F	449.213(2) Laundry-Linen - Adequate accommodations NAC 449.213 2. A residential facility that provides its own laundry and linen service shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 2/2/10, the facility failed to ensure residents were provided with clean, adequate and proper washing and finishing of clothing. Findings include: The facility failed to ensure a working dryer was	Y 222		

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Y 222	Continued From page 10 available to residents to clean their clothes. The facility's dryer was observed on its side in Bedroom #10. Employee #3 stated the dryer had a broken belt and they were waiting for their repair man to change the belt. Resident #4 stated the dryer broke approximately three weeks prior and she had not been able to clean any of her clothes. Resident #4 stated the facility administrator told them she would take them to a laundromat sometime over the weekend so they could wash their clothes. Dirty clothes were observed stacked on the floor in the resident's rooms and closets. Severity: 2 Scope: 3	Y 222			
Y 252 SS=F	449.217(3) Storage of Food-Adequate storage; Packaging NAC 449.217 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation and interview on 2/2/10, the facility failed to provide at least a 2-day supply of fresh food and at least a 1 week supply of canned food in the facility. Severity: 2 Scope: 3	Y 252			

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Y 255	Continued From page 11	Y 255			
Y 255 SS=I	<p>449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service</p> <p>NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27626 Based on observation, interview and record review on 2/2/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>1 Critical Violations:</p> <p>a. A container of food (unidentifiable) in the refrigerator had mold growth on the food, and a bag of moldy pita bread was on the food storage shelf in the kitchen.</p> <p>b. The person in charge of the kitchen and food service operations was not food safety certified, and she failed to demonstrate knowledge of food safety and sanitation procedures and</p>	Y 255			

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Y 255	<p>Continued From page 12</p> <p>requirements.</p> <p>c. The foodhandlers did not wash their hands after handling containers of chemicals, cleaning the table in the dining room, and eating, and prior to resuming food preparation.</p> <p>d. The foodhandlers were eating in the kitchen during food preparation.</p> <p>e. The foodhandlers were drinking from open beverage containers in the kitchen, and were placing the open beverage containers on the food preparation table and on the shelf where cleaned tableware was stored.</p> <p>e. The kitchen hand washing sink was full of utensils and empty grocery store bags, and not accessible for hand washing.</p> <p>f. The hand washing sink in the restroom used by the kitchen staff had no running water.</p> <p>g. The kitchenware and tableware was not being sanitized.</p> <p>h. Numerous live cockroaches were observed in the kitchen and in the dining room.</p> <p>i. Numerous containers of potentially hazardous food prepared and/or opened in the facility were not labeled and dated.</p> <p>j. Grocery store bags of food and bags of potatoes were stored directly on the kitchen floor.</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. The person preparing food did not have her hair restrained.</p>	Y 255		

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Y 255	Continued From page 13 b. Wet wiping cloths used to wipe food preparation surfaces were not stored in sanitizer solution. c. The food preparation tables, stove, oven, hood, utensils, sugar bowl, and kitchen cabinets were soiled. d. The kitchen walls and floors were soiled. e. The mop bucket containing dirty water and a soiled mop was stored outside on the patio. 3. Equipment and Maintenance Issues: a. The three-compartment sink was leaking into a pot on the floor. b. The trash was not contained within a dumpster, but was piled in open bags and containers on the patio, with some empty food containers strewn on the ground on the patio. c. The painted surfaces on the interior and exterior of the kitchen cabinets were worn and were no longer smooth and easily cleanable. d. There was a non-commercial toaster, rice cooker, stove, and hood, and two non-commercial microwaves. Severity 3: Scope: 3	Y 255			
Y 280 SS=F	449.2175(10)(a)-(d) Dietary Consultant & Services NAC 449.2175 10. The person providing services pursuant to	Y 280			

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Y 305	Continued From page 15 NAC 449.118 5. Each resident must be provided: (a) At least 10 square feet of space for storage in a bedroom for each bed in the bedroom. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 2/2/10, the facility failed to ensure at least 10 square feet of storage space was provided for each bed in 6 of 10 resident bedrooms (Bedroom #2, #3, #7, #9, #10 and #11). This is a repeat deficiency from the 11/5/09 State Licensure Survey. Severity: 2 Scope: 3	Y 305			
Y 306 SS=D	449.218(5)(b) Bedrooms - Closet Space NAC 449.218 5. Each resident must be provided: (b) At least 24 inches of space in a permanent or portable closet for hanging garments. This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview and observation on 2/2/10, the facility failed to provide 24 inches of hanging space for 4 of 16 residents (Bedroom #9 and #10). Severity: 2 Scope: 1	Y 306			
Y 320 SS=D	449.220(1) Bedroom Doors - Locks	Y 320			

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NAME OF PROVIDER OR SUPPLIER BEST CARE FACILITY 1		STREET ADDRESS, CITY, STATE, ZIP CODE 720 S NINTH STREET LAS VEGAS, NV 89101		
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Y 320	Continued From page 16 NAC 449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 2/2/10, the facility failed to ensure 1 of 10 resident bedrooms (Bedroom #6) was not equipped with a two motion lock. Severity: 2 Scope: 1	Y 320		
Y 351 SS=F	449.222(2)(a) Bathrooms and Toilet Facilities NAC 449.222 2. Each residential facility that was issued an initial license on or after January 14, 1997 must have: (a) A flush toilet and lavatory for each four residents. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/2/10, the facility failed to ensure there was a flush toilet available for each of four residents (the facility was licensed for 18 residents with 4 toilets available for the residents and 1 toilet for the exclusive use of the 1 live-in caregiver). Severity: 2 Scope: 3	Y 351		

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Y 353	Continued From page 17	Y 353		
Y 353 SS=D	449.222(3) Bathrooms and Toilet Facilities NAC 449.222 3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/2/10, the facility failed to ensure 1 of 4 bathrooms had grab bars (Bathroom # 4). Severity: 2 Scope: 1	Y 353		
Y 354 SS=D	449.222(4) Bathrooms and Toilet Facilities NAC 449.222 4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/2/10, the facility failed to ensure 1 of 4 bathrooms had an operational vent fan or a window that could be opened (Bathroom #4). Severity: 2 Scope: 1	Y 354		
Y 356 SS=E	449.222(6) Bathrooms and Toilet Facilities NAC 449.222	Y 356		

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Y 356	Continued From page 18 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 2/2/10, the facility did not ensure the locks on 1 of 4 bathroom doors, available for resident use, could be opened with a single motion (Bathroom near Bedroom #7). Severity: 2 Scope: 1	Y 356		
Y 393 SS=I	449.226(4)(a)-(c) Safety Requirements NAC 449.226 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility.	Y 393		

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Y 393	Continued From page 19 This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 2/2/10, the administrator failed to ensure an auditory call system was installed in 10 of 10 resident rooms (Rooms #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11) and failed to ensure the auditory call system was operational in 4 of 4 resident bathrooms. Findings include: Resident bedrooms: There were no call buttons available in resident rooms #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11. Resident bathrooms: The call buttons in 4 of 4 bathrooms available for resident use failed to send a signal to a central monitoring system. Severity: 3 Scope: 3	Y 393		
Y 443 SS=D	449.229(8) Security Bars on Windows and Doors Prohibited NAC 449.229 8. The windows and doors of a residential facility must not be covered with security bars. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/2/10, the facility failed to ensure 1 of 5 bathrooms was not covered with security bars (Bathroom #1). Severity: 2 Scope: 1	Y 443		

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Y 445	Continued From page 20	Y 445			
Y 445 SS=E	449.229(10) Exit doors NAC 449.229 10. An exit door in a residential facility must not be equipped with a lock which requires a key to open it from the inside unless approved by the State Fire Marshall or his designee. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 2/2/10, the facility failed to ensure 1 of 3 designated exit doors was not equipped with a lock which required a key to open it from the inside (Bedroom #11 was secured with a padlock from the inside). Severity: 2 Scope: 1	Y 445			
Y 451 SS=D	449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to	Y 451			

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Y 720	Continued From page 22 ensure 1 of 2 residents with a colostomy was mentally and physically capable of properly caring for the colostomy bag (Resident #2). Findings include: A nursing note dated 12/9/09 was found in the file for Resident #2, the note documented when the resident's colostomy bag fell off the resident would plug it with toilet paper and lay in the feces. Employee #3 stated Resident #2 did not have home health or any other outside assistance regarding the colostomy bag. Resident #2 was not mentally and physically capable of properly caring for his colostomy and will require a transfer to a more appropriate facility. Severity: 3 Scope:1	Y 720		
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

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Y 878	<p>Continued From page 23</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review and interview on 2/2/10, the facility failed to ensure that 3 of 10 residents received medications as prescribed (Resident #4, #5 and #9).</p> <p>Findings include:</p> <p>Resident #4 was prescribed:</p> <p>*Clozapine 25 milligrams (mg) one tablet twice a day (for schizophrenia). The medication bottle on site was empty. *Clozapine 100 mg one tablet twice a day (for schizophrenia). The medication bottle on site was empty.</p> <p>Resident #5 was prescribed:</p> <p>*Ranitidine HCL 150 mg one tablet twice a day (for GERD, heartburn or ulcers). The medication bottle on site was empty. *DNAL Proex ER 250 mg one tablet three times a day. The medication bottle on site was empty. *Foltx 2.5-25-2 mg one tablet every day (vitamin supplement). The medication bottle on site was empty.</p> <p>Resident #9 was prescribed:</p> <p>*Haloperidol 10 mg 1 1/2 tablets twice a day (psychotic disorders). The medication bottle on site was empty.</p> <p>Immediate Jeopardy was called 2/2/10 at 1:55 PM. The facility failed to ensure the medications for three residents was available onsite.</p>	Y 878		

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Y 878	Continued From page 24 Employee #3 contacted the pharmacy for each resident and confirmed the medications would arrive onsite by 5:30 PM on the date of the survey. Employee #3 stated the three residents only missed the doses of medication on 2/2/10 as she had administered samples of the medications in the interim. Employee #3 failed to produce samples of the medications. Resident #4's medications were delivered 2/2/10 at PM. Resident #9's medication was discontinued on 2/2/10. Resident #5's medications were delivered on 2/2/10 at 6 PM. This is a repeat deficiency from the 5/30/08 State Licensure survey. Severity: 2 Scope: 2	Y 878			
Y 885 SS=D	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.	Y 885			

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Y 885	Continued From page 25 This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 2/2/10, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred (Resident #11). Severity: 2 Scope: 1	Y 885		
Y 930 SS=C	449.2749(1)(a) Resident File-Storage, Res Information NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 2/2/10, the facility failed to ensure the resident's files were kept in a locked place resistant to fire and protected against unauthorized use (the resident's files were kept on a shelf in the family room). Severity: 1 Scope: 3	Y 930		

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Y 936	Continued From page 26	Y 936		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 2/2/10, the facility failed to ensure 3 of 10 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #3, #5 and #10) which affected all residents. This was a repeat deficiency from the 2/18/09 State Licensure survey. Severity: 2 Scope: 3	Y 936		
Y 944 SS=A	449.2749(2) Resident File - Discharge Documentation NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the	Y 944		

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Y 944	<p>Continued From page 27</p> <p>resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review and interview on 2/2/10, the facility did not provide proper documentation regarding a resident who had had been discharged (Resident #11).</p> <p>This was a repeat deficiency from the 5/30/08 State Licensure survey.</p> <p>Severity: 1 Scope: 1</p>	Y 944		

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